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CONFIRMATION NO. 1840

<b>SERIAL NUMBER</b> 10/686,282	<b>FILING OR 371(c) DATE</b> 10/15/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> PC10343D
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/708,392 11/08/2000 PAT 6,734,186 which claims benefit of 60/175,161 01/07/2000  
 and claims benefit of 60/192,962 03/29/2000  
 and claims benefit of 60/217,479 07/11/2000  
 and claims benefit of 60/221,014 07/27/2000  
 and claims benefit of 60/221,093 07/27/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 UNITED KINGDOM 9926437.6 11/08/1999  
 UNITED KINGDOM 0004021.2 02/18/2000  
 UNITED KINGDOM 0013001.3 05/26/2000  
 UNITED KINGDOM 0016563.9 07/05/2000  
 UNITED KINGDOM 0017141.3 07/12/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 10/18/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>STR</i>		

**ADDRESS**  
28523

**TITLE**  
Compounds for the treatment of female sexual dysfunction

<b>FILING FEE RECEIVED</b> 1692	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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